

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-570)

CLAIM NO.

APPLICANT

FILING DATE

10-18-76

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2			1			
3			1			
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
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42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL NO.			4			
TOTAL OFF.			70			
TOTAL			74			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61				1		
62				1		
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TOTAL NO.						
TOTAL OFF.						
TOTAL						